PLEASE PRINT

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15)

II. Name of lobbyist's partnership, fi	rm or corporation, if an	y:	
Orr & Reno, P.A.			
(Name of partnership, fi	irm or corporation)		
45 S. Main Street, P.Q. Box 35	50 Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Žip Code)
(603) <u>224-2381</u> (Telephone)	(603) 224-2318 (Fax)	e-mail <u>groussos</u> (@orr-reno.com
III. This statement covers: (Choose o reportable expense transactions which			file a separate report for
☑ All reportable transactions occurring	g in the months prior to th	ne reporting date relative to the	following client:
AmeriHealth Caritas			
OR ☐ All reportable transactions by the lol unrelated to any particular client.	lient as it appears on the Lob	· ·	irm listed below which are
IV. Date of Report April 25, 2018	: []	July 25, 2018 🗍	
Reports cover: activity from date of reg		activity from 4/1/18 to 6/30/18	
October 31, 20	018 🗆	January 30, 2019 🛛	
activity from 7/1/1	8 to 9/30/18	activity from 10/1/18 to 12/31/18	}
V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.			
VI. Check if additional reports are at	ttached:	•	
☑ If you have received fees or made e		e Addendum A- Fees and Exp	enses
☐ If you have paid an honorarium or Expense Reimbursement	· ·		
If you, your firm, or your family ha	as made political contribut	tions, you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation by Lot I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowled (Signature of Industry)	4-C and RSA 664 and her dge and belief.	reby swear or affirm that the for $0 \sqrt{30/9}$	
(Signature or pooyist)		(Date)	\
George W. Roussos	····		

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nade	au
II. Name of lobbyist's partnership, firm or corporation, if any:	
Orr & Reno, P.A. (Name of partnership, firm or corporation)	
III. Name of Client AmeriHealth Caritas	Date0 30 9
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The go reduced by any expenses:	it relations, or public relations servi
a) Total of all fees received in this reporting period	a) \$ 19,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 72,900.00
c) Total of all fees received to date (Add lines a and b)	0)\$ 90,900.00
d) 'Indicate the amount of any such fees that are due, but have not yet been paid	c) s 90,900.00 d) s 659.68
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbit (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/file the aggregate total of all expenses p expenses; (b) the aggregate total of the meals purchased during a busin test than \$10 that is given to the per- ted with a value of \$25.00 or less); a corting period of greater than \$25.00 ue of greater than \$25, purchase of the transport of the per- ter than \$25, but not greater than \$25, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a).\$().OO
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	ь)\$0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) s () · 00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 2 (b
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns <u>(00.00</u>)
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	
(Signature of lobbyist) George W. Roussos (Print Name of lobbyist)	(Date)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

George W. Roussos
(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): AmeriHealth Caritas Date of Report (check one): July 25, 2018 □ October 31, 2018 □ January 30, 2019 🛛 April 25, 2018 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): _1_ Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.